

**VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD****VCGCB-VOC-6040**

VICTIM COMPENSATION PROGRAM  
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**VCP Rental Agreement****Claimant Name** \_\_\_\_\_**Claim Number** \_\_\_\_\_**Instructions:** The landlord must complete this rental agreement in full.

I, \_\_\_\_\_ (lessor/landlord), agree to rent a  
residence/room to \_\_\_\_\_ (lessee/claimant), at the  
following address:

\_\_\_\_\_ beginning, \_\_\_\_\_.

I require payment as follows:

\$	First month rent
\$	Last month's rent, if applicable
\$	Deposit, if applicable
\$	Utility deposit, if applicable (e.g. electric/gas/water, but not to include cable)
\$	<b>Total due at the time of move in</b> Paid by: __Check__ Cash __ Money Order

**Note:** If this agreement is for rental of a room, a utility statement with the address of the residence is required.

**I declare under penalty of perjury under the laws of the State of California that the information I have provided is true, correct and complete to the best of my knowledge.**

**Your signature designates you have read and agree with the above statement.**

_____	_____
<b>Signature</b> (Landlord)	<b>Date</b>

Payee: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Tax I.D. of Payee or Social Security No. \_\_\_\_\_

*(Tax I.D. number same as registered with Internal Revenue Service)*